## Application Data Sheet

#### Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

RAMP LOAD DISC HEAD SLIDER

Attorney Docket Number::

S01.12-0980/STL 11260.00

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

No

Petition included?::

No

Petition Type::

### Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Given Name::

John Robert

Family Name::

Pendray

Name Suffix::

City of Residence::

Country of Residence::

Edina

State or Province of Residence::

MN

prace of Flovince of Residence:

US

Street of Mailing address::

4000 Parklawn Avenue, #326

City of Mailing address::

Edina

State of Province of mailing address:: MN

MAT

Country of mailing address::

Postal or Zip Code::

55435

# Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Zine-Eddine

Family Name:: Boutaghou

Name Suffix::

City of Residence:: North Oaks

State or Province of Residence:: MN

Country of Residence:: US

Street of Mailing address:: 4 Shadow Lane

City of Mailing address:: North Oaks

State of Province of mailing address:: MN

Country of mailing address::

Postal or Zip Code:: 55127

Comments: Repeat the above for each inventor

### Correspondence Information

Name:: Brian D. Kaul

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis

State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number:: 612/334-3222

Fax number:: 612/334-3212

E-Mail address:: bkaul@wck.com

### Representative Information

Representative Customer Number::	000027365

## Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY
	, , , , , , , , , , , , , , , , , , , ,		
			·

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No
	<del> </del>		

### Assignee Information

Assignee name::

Seagate Technology LLC

Street of mailing address::

920 Disc Drive

City of mailing address::

Scotts Valley

State or Province of mailing address::

CA

Postal or Zip Code of mailing address:: 95066